

Attorney Docket No.

**PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING**

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**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT AND DESIGN APPLICATIONS**

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and sole co-inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the joint invention(s) set forth in the claims.

Journal Title

BINDER FOR ELECTRIC DOUBLE LAYER CAPACITOR BY HEDRODE

第10章 算法设计与分析

the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and *see* the following:

Information -
For Use Without
Specification
5 March 2013

The specification was filed on _____
United States Application Number _____
and amended on _____ (if applicable) and/or
the specification was filed on October 21, 2004
International Application Number PCT/JP2004/015600
and amended on _____ (if applicable)
_____ is PCT and _____ is not PCT

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claim, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(e)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Incentive Priority Interventions:

Prior Foreign Application(s)			Priority Claimed	
(Number)	(Country)	Month/Day/Year Filed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	Month/Day/Year Filed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Number)	(Country)	Month/Day/Year Filed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Number)	(Country)	Month/Day/Year Filed	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**First Provisional
Application(s):**

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

(Application Number) _____ *(File Date) _____*

**Insert Requested
Information
(if appropriate)**

Country _____ **Application Number** _____ **Date of Filing (Month/Day/Year)** _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation, in-part applications(s) listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112. I acknowledge the right to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.55 which become available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S.
Application(s):
(If any)

Application Number _____ (Filing Date) _____ (Status - patented, pending, abandoned)

Page 3 of 7
Rev. 07/2003

Application Number) (Filing Date) (Status - patented, pending, abandoned)

Attorney Docket No.

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

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PLEASE NOTE:
 YOU MUST
 COMPLETE
 THE
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 ↓

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 Middle Initial, Last
 Name Preferred)
 Inventor Classification
 Inventor Citizenship

Inventor Last Name
 Address

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 Inventor (Last, First
 Middle Initial, Last
 Name Preferred)

Full Name of Third
 Inventor (Last, First
 Middle Initial, Last
 Name Preferred)

Full Name of Fourth
 Inventor (Last, First
 Middle Initial, Last
 Name Preferred)

Full Name of Fifth
 Inventor (Last, First
 Middle Initial, Last
 Name Preferred)

Full Name of Sixth
 Inventor (Last, First
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GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
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